

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

	Application Number	10/696,240
	Filing Date	28 Oct 2003
	First Named Inventor	Chudnovsky, David V.
	Group Art Unit	2145
	Examiner Name	Swearingen, Jeffrey
	Attorney Docket Number	CHUD-001

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Being paid (EFS/Credit card)	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> <input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> <input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/>
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/>
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/>		
<input type="checkbox"/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT/ CORRESPONDENCE ADDRESS

Firm or Individual name	Dov Rosenfeld, Reg. No. 38687
Signature	/Dov Rosenfeld/ #38687
Date	November 14, 2007

## ADDRESS FOR CORRESPONDENCE

Firm or Individual name	Dov Rosenfeld 5507 College Avenue, Suite 2, Oakland, CA 94618, Tel: 510-547-3378
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Chudnovsky, *et al.*

Application No.: 10/696,240

Filed: October 28, 2003

Title: METHOD TO RESOLVE AN  
INCORRECTLY ENTERED UNIFORM  
RESOURCE LOCATOR (URL)

Group Art Unit: 2145

Examiner: Swearingen, Jeffrey

**TRANSMITTAL: RESPONSE TO OFFICE ACTION**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Commissioner:

Transmitted herewith is a response to an office action for the above referenced application.  
Included with the response is:

An Information Disclosure Statement;

This application has:

a small entity status. If a claim for such status has not earlier been made, consider  
this as a claim for small entity status.

No additional fee is required.

Applicant(s) believe(s) that no Extension of Time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for an extension of time.

Applicant(s) hereby petition(s) for an Extension of Time under 37 CFR 1.136(a) of:

one months (\$60)       two months (\$230)

three months (\$535)       four months (\$820)

If an additional extension of time is required, please consider this as a petition therefor.

Payment for the required fee(s) is concurrently being made via EFS-Web.

The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0292 (A DUPLICATE OF THIS TRANSMITTAL IS ATTACHED):

Any missing filing fees required under 37 CFR 1.16 for presentation of additional claims.

Any missing extension or petition fees required under 37 CFR 1.17.

Respectfully Submitted,

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November 14, 2007

Date

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/Dov Rosenfeld/ #38687

Dov Rosenfeld, Reg. No. 38687

Address for correspondence:

Dov Rosenfeld

5507 College Avenue, Suite 2,

Oakland, CA 94618

Tel. 510-547-3378; Fax: +1-510-291-2985

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